

Commission for Mental Health Developmental Disabilities and Substance Abuse Services

Revised Commission Meeting Minutes

November 18, 2002

Holiday Inn North, Raleigh, NC

Commission Members Present:

Pender McElroy (Chair), Dorothy Crawford, Pearl L. Finch, Paul Gulley, Albert Fisher, Jeanne Fenner, Fredrica Stell, Donald Stedman, Joe Coulter, Bernard Sullivan, Ellen Holliman, Marvin Swartz, Emily Moore, Judy Lewis, Martha Martinat, Lois Batton, Patricia Chamings, Mansfield Elmore, Anna Scheyett, Lou Adkins, Raymond Reddrick, George Jones and Floyd McCullouch.

Commission Members Absent:

Ann Suggs (excused), Martha Macon (excused), William Sims (unexcused) and Ken Gerrard (unexcused).

Division Staff Present (DMH/DD/SAS):

Dr. Richard Visingardi, Director
Tara Larson, Deputy Director
Marilyn Brothers, Hearing Officer
Jill Newkirk
Cindy Kornegay
Susan Collins
Jeff Horton, Facility Services

OTHERS PRESENT:

Erin Drinnin (Commission Intern), Jack Blackley (DMH/DD/SAS), Jim Osberg (DMH/DD/SAS), Carol Duncan Clayton, (NC Council), Linda Gunn-Jones (DMH/DD/SAS), Spencer Clark (DMH/DD/SAS), Louise Fisher (Advocate Mental Illness MHA of NC), Bill Duffy (Success Inc.), Janice Petersen (DMH/DD/SAS), Diane Pomper (AG's Office), Karen Andrews (Pathways), Dave Richard (The ARC), Bob Hedrick (CNC/Access), Mike Mayer (NC Providers Council), Jennifer Sullivan (NASW-NC/CPDMI), Lois Reddrick and John Crawford.

Handouts:

Letter from Beth Melcher CPDMI, Timeline for Staff Qualification Actions, Training Projects, State of NC System Reform Workplan.

Call to Order

Pender McElroy, Chairman, called the meeting to order at 9:13 am. All Commission members, staff and other attendees introduced themselves.

Approval to Minutes:

Upon motion by Pat Chamings and seconded by Dorothy Crawford, Commission members unanimously approved the minutes of the Commission meeting held on August 12, 2002.

Report of Chairman

Mr. McElroy informed Commission members that Lou Adkins received an award from the NC Housing Council as Housing Counselor of the year and expressed appreciation and congratulations from the Commission members for her work and this honor.

Mr. McElroy informed members that Dr. Blackley is spearheading an effort to put together a history of the Commission and its predecessors which is very important to the preservation of our history in this state, especially in the area of Human Services. He is working with the help of Ben Aiken and others. Mr. McElroy thanked Dr. Blackley and Ben Aiken for their work and is looking forward to hearing more about this.

Mr. McElroy went over the proposed 2003 Commission and Committee meeting schedules. One change that was made to avoid conflict was the May meeting. Since Memorial Day is on Monday, May 26, 2003, the Commission meeting will be on Tuesday, May 27th. Also, since the November meeting is scheduled the week of Thanksgiving consideration is being given to moving the meeting to Monday, November 18, 2003. There was some discussion about the start time for the Commission meetings so it was noted that the February 24, 2003 meeting will begin at 9:30 am.

Mr. McElroy informed members that the Commission of the State is going to make it possible for four members of the Commission to have some assistance in attending the NC Council meeting in Southern Pines December 9 – 11, 2002. Mr. McElroy noted there are still two open slots.

Mr. McElroy reported that the Committee chairs and the chair of the Commission will have the opportunity to meet quarterly with the Dr. Visingardi and the Executive Leadership Team of the Division. These meetings will coincide with the regularly scheduled Commission meetings.

Director's Report

Dr. Richard Visingardi, Director of DMH/DD/SAS, reported to the Commission on the final draft of the re-organization plan and discussed the following:

State Operated Services –The state will be divided into three regions across disabilities. The whole reorganization is not organized around disability groups any longer. These are integrated into the organization. This unit of the Division will be responsible for the operation of the state facilities. Heavily involved in this whole concept in the movement of state community and that transition, working a great deal around regional planning for people with disabilities, working a lot with the Area Programs, LMEs, provider systems there. We want to look better at the standardization where applicable and that would be statewide too around admission, discharge, frequent planning and quality improvement efforts. Continuously seeking administrative efficiencies. In that unit, we speak clearly about the involvement of advocates and the state consumer and family advisory council. We want them there as part of the planning management implementation.

Community Policy, Implementation and Management – There are several teams in this section. These teams will build up a substance of expertise in a particular area and will work across the Division and with Stakeholders. One of the teams is the Quality Management Team. This team is responsible for the development of quality standards, outcome measures, performance expectations of systems, establishing methods for collecting and reporting data and information and providing technical assistance in areas such as quality improvement. Also, they will be responsible within the Division itself for overall quality improvement efforts as well as community systems. Another team is Best Practice and Community Innovations Team. One of the responsibilities of this team is to conduct research and publish expectations of Best Practice. The team will involve other stakeholders as well as other key people. The team will also be involved in special projects and demonstrations as determined by the Division.

Other teams include the Justice Systems Innovations Team and an Early Intervention and Prevention Team. Dr. Visingardi noted there were 2 areas that the Division wanted to pay particular attention to- one was issues related to Justice Systems across disabilities and also the concept of Prevention and Early Intervention. Included in these teams will be expertise in mental health, substance abuse, developmental disabilities. Team members will have cross disabilities expertise in terms of subject knowledge as well as technical knowledge. Another team includes the LME Systems Performance Team. This team will coordinate the overall contract effort, the development of the contract and the monitoring and managing effort with the local managing entities. These team members will need to develop expertise in those types of functions and responsibilities of the LME.

Resource/Regulatory Coordination & Management- One team in this section is the Budget and Finance Team which is responsible for the finance planning and monitoring. Another team is the Information and Systems Team which is responsible for the systems management. Another team is the Accountability Team which is responsible for Medicaid compliance as well as fiscal monitoring. Another team is the Regulatory Team which will be involved in any developments with Medicaid including regulatory interpretations. Another team is the Contract/Management Development Team. Since there are a number of contracts, the contracts have been divided to those involving the local managing entities and those more general contracts.

Advocacy and Customer Services. Dr. Visingardi reported the chief of this section has not yet been hired. He reported the final interviews are scheduled for December 2, 2002. Dr. Visingardi noted that he and the Secretary will be interviewing three people. He stated the person in this position will be a primary or a secondary consumer and somebody that has had interaction with the system. This is one of two positions that will report to Dr. Visingardi. However, this individual will have direct report to the Secretary. Dr. Visingardi noted that the other three chiefs will report to the Deputy Director.

There are three teams under this individual. The first is the State Facility Advocacy Team. These are the State Advocates in the state facilities. They will be involved in Quality Improvement efforts and will no longer report to the facility directors but to this team. Dr. Visingardi reported this is intended to build a firewall between the facility directors and the advocates. Another team is the Customer Service and Community

Rights Team. This team will be involved in the community rights system as well as providing customer services. This team will respond to consumer calls and include offering to help with conflict resolution, referring individuals, and other functions that will provide a customer services response. Another team is the Consumer Empowerment Team. Dr. Visingardi reported that this team will focus on helping local develop grass roots efforts for Advocacy with consumers. This team will also look at helping with the advancement of the local consumer and family advisory councils. This team will work toward including people with disabilities and their families.

Administrative Support –Dr. Visingardi reported there are 3 teams under this section. These teams include the Planning Team, Communications and Training Team and Division Affairs. This section will coordinate rulemaking efforts, legislative efforts that includes the direct support to the Commission and support and coordination with the Department.

There were some questions and discussion regarding the Training Section and Clinical Leadership Role. Also, there were questions and answers about the reorganization and State Plan.

Dr. Visingardi announced that full implementation of the reorganization will be completed by March 1, 2003

Dr. Visingardi reported that the Whitaker School was slated to be closed and replaced but the private party that was involved pulled out of the process. Since there is not another alternative at this time, it will be kept open for now. Plans are not to close Whitaker School any earlier than December 2003.

Dr. Visingardi spoke regarding the Budget - State Plan (Blueprint for Change) pg. 77- 90 – finance strategy – We’ve contracted with Technical Assistance Collaborative and also working with Pareto Solutions on developing a comprehensive finance strategy to support the efforts of reform.

Objections and Requests for Change from Rules Review Commission

Objections and requests for change from the Rules Review Commission was presented by Marilyn Brothers as follows:

Staff Qualifications – 10 NCAC 14V. 0203 passed upon motion by Marvin Swartz and seconded by Pat Chamings. Amendment motion made by Emily Moore regarding the change on 21 to be presented without the reference to the Competency Verification and Review Board. The Rules Review Commission and it’s Exec. Director are going to disapprove it and kick it back and elect to put that back in there to be put back in there. The motion passed unanimously.

Supervised Living –10 NCAC 14V .5602 – Division recommendation amend (a) as follows: Staff-client ratios above the minimum numbers specified in paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. Motion to approve was made by Albert Fisher and seconded by Emily Moore. The motion passed unanimously.

10 NCAC 14V .5603 Division recommendation is to amend paragraph (d) as follows: Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. Motion to approve was made by Pat Chamings and seconded by Judy Lewis. The motion passed unanimously.

Request for Waiver –Qualified Professional of MH/DD/SA Services

Marilyn Brothers presented a waiver request from Ms. Mary Anne Freeman of the ARC of Haywood Co. for 10 NCAC 14V .0104(17)(c)(ii). The waiver involved requesting the Commission to waive the requirement that the experience for a qualified professional include pre-baccalaureate and not just post-baccalaureate experience. Motion was made for a one-time waiver to be granted was made by Martha Martinat and seconded by Lou Adkins. The motion passed unanimously. Due to conflict of interest, Lois Batton and Dorothy Crawford remove themselves from the voting.

Cindy Kornegay also presented follow-up on Rule Committee Motion – review of previous discussion and actions taken by Rule Committee and Commission.

Training Project– Needs Assessment

Erin Drinnin discussed handout and went over the four main training topics that will be covered in the training orientation. The four topics to be covered in the orientation are: Rulemaking process, Best Practices in Mental Health, Best Practices in Substance Abuse and an Overview of the Rules/Review Commission. The date decided for the orientation will be Tuesday, February 25, 2003.

Therapeutic Homes for Children and Adolescents

Jeff Horton, Division of Facility Services, reported to the Commission that there are 700 therapeutic homes that will be transferring to DSS family foster home licensure. Rules are now under the Department of Social Services and the Social Services Commission. This change went into effect July 18, 2002. DSS is already licensing therapeutic family foster homes. They have updated their licensure rules for family foster homes to require foster parents to have additional training that will take children that traditionally would be in the 5300 homes licensed as 10 NCAC .5300. Request was made to send copies of 41f (DSS) in the next Commission mailing packet. Albert Fisher moved the repeal of 10 NCAC 14V .5300, and Pat Chamings seconded the motion. The motion was passed unanimously.

Resolutions by the NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services

The following resolution in recognition of the Late Charles Llewellyn, Jr., MD was presented and read to the Commission by Dr. Marvin Swartz. The resolution was adopted unanimously by the Commission upon motion by Floyd McCullouch and second by Judy Lewis.

Resolution by the NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services

In Recognition of the Late Charles Llewellyn Jr. MD

Charles Llewellyn Jr. MD died in March of this year. Dr. Llewellyn was one of the pioneers of community psychiatry and community-based substance abuse services in the state. He had a quiet and unheralded role in the development of many community services at the inception of the community mental health movement. He was intensively involved in the development of the Cumberland County Area Program and a key participant in developing services in Durham County, to name just two counties. He was a valued mentor to many community professionals and always had time to provide guidance--especially to young psychiatrists and medical students.

Before retiring from the Department of Psychiatry at Duke University Medical Center in 1987, Dr. Llewellyn was Head of the Division of Social and Community Psychiatry where he was a key leader in developing a broad range of community outreach and education programs. He was responsible for creation of an endowment at Duke that has funded several award-winning public education projects.

The Commission recognizes the lifelong dedication, compassion and creativity of Dr. Llewellyn in the cause of persons with mental health and substance abuse problems and extends its best wishes and condolences to the Llewellyn family.

The following resolution regarding Temporary Management of Long-Term Care Facilities was presented and read to the Commission by Dr. Donald Stedman. Motion to adopt this resolution was made by Albert Fisher and seconded by Pat Chamings. The motion was passed unanimously.

**Resolution by the NC Commission for Mental Health, Developmental
Disabilities and Substance Abuse Services:
Temporary Management of Long-Term Care Facilities.**

A recent editorial in the Raleigh News and Observer (Monday, September 16, 2002: Editorial: Rest home improvement) points to the authority of the Department of Health and Human Services to provide temporary management for long-term care facilities that are improperly operated and are endangering the lives of its residents. NCGA General Statute Chapter 131E- Article 13 gives DHHS the authority to appoint a temporary manager at the facility owners' expense and calls for establishment of a contingency fund for additional needed expenses. As the attached article details the contingency fund has not been adequately funded, undermining the ability of DHHS to use this authority. The News and Observer calls for the Health and Human Services Secretary to "ask for some estimates and prevail on the General Assembly to restock that contingency fund."

The Commission agrees with this recommendation and requests a report from DHHS on the status of the contingency fund and estimates and strategies to adequately fund it.

Advisory Committee Report

Dr. Donald Stedman reported the Advisory Committee met on October 1, 2002. The agenda included presentations on the North Carolina AHEC Program by Dr. Tom Bacon and Dr. Karen Stallings; Dr. Art Robarge reported on the Consortium for Technical Assistance in the Western Region; and Dr. Irene Zipper reported on the Family Support Network of N.C. Dr. Stedman also reported on the presentation he made to the NC School Boards Association on the mental health reform plan. Dr. Stedman reported on the meeting Ellen Holliman and he had with Dr. Visingardi and Don Willis. The meeting included discussion on top categories of issues on which the Division would like the Advisory Committee to pursue. Such areas included LME's development issue-how to help the LMEs develop and transitioning resources in program activities from facilities to communities. Dr. Stedman also reported that Mr. McElroy has asked the Advisory Committee to review the mission statement of the Commission. Ellen Holliman will chair a sub-committee to review and revise the current mission statement for the Commission.

New Business

There was no new business to come before the Commission.

Public Comments

There were no public comments.

Adjournment

There being no further business to come before the Commission, by unanimous consent the meeting was adjourned at 4:00 pm.

Minutes prepared by Patti Escala, Division Staff